

**ROCKINGHAM COUNTY
COLLOCATION APPLICATION**

FOR OFFICE USE ONLY

COL # _____

DATE RECEIVED: _____

FEE: **\$400.00** _____

DEADLINE DATE: _____

RECEIPT # _____

HEARING DATE: _____

TAXES PAID _____

APPLICANT: _____

Indicate: ☐ wireless provider ☐ tower owner ☐ property owner ☐ other

ADDRESS: _____ Daytime Phone: _____

City/Town _____ State _____ Zip _____ Contact Person _____

STRUCTURE OWNER: _____

LOCATION: (N S E W) side of (Road Name) _____, Route # _____
approximately _____ miles/feet (N S E W) of (Road Name) _____
Route # _____ in _____ Magisterial District, Election District # _____.

ACREAGE IN PARCEL: _____ ZONING: _____ TAX MAP NO: _____

ACREAGE IN REQUEST: _____ CURRENT USE: _____

SIZE AND HEIGHT OF EXISTING STRUCTURE: _____

PROPOSED HEIGHT WITH COLLOCATION: _____

**PLEASE SUBMIT INFORMATION AS OUTLINED IN THE ROCKINGHAM COUNTY
TELECOMMUNICATIONS STANDARDS.**

Applicant Signature

Landowner's Signature
(if different from applicant)

COLLOCATION APPLICATION (Continued)

NAMES AND COMPLETE MAILING ADDRESSES (INCLUDING ROUTE AND BOX # & CITY/TOWN) OF ALL ADJOINING LANDOWNERS, INCLUDING LANDOWNERS ACROSS ANY ROAD. (May use back if necessary.) **Names of owners may be found in Real Estate and Land Use Office located in the Rockingham County Administration Center. Complete mailing addresses are listed in Land Use books in front of the Treasurers office (located next to the Land Use Office).**

REMEMBER: SHOULD THE PROPERTY IN REQUEST BE ADJACENT TO THE CITY OF HARRISONBURG OR ANOTHER COUNTY, IT IS YOUR RESPONSIBILITY TO SUPPLY THIS OFFICE WITH THOSE NAMES AND CURRENT ADDRESSES WITHIN THE CITY OR COUNTY.

NAME

ADDRESS

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ADJOINING PROPERTY OWNER VERIFICATION

AS APPLICANT FOR THIS SPECIAL USE PERMIT, I _____
Applicant

Applicant hereby acknowledge that I have faithfully and correctly provided names and complete mailing addresses of all my adjoining property owners and those directly across the street or road. I understand that failure to do so will leave me liable for additional costs for readvertising and that my request could be delayed until proper notification has been given to all adjoining property owners and those property owners directly across that street or road.

Signature of Applicant

Date

COLLOCATION APPLICATION (Continued)

THE FOLLOWING AGENCIES MUST ENTER THEIR COMMENTS BELOW BEFORE
SUBMITTING APPLICATION TO THE COMMUNITY DEVELOPMENT OFFICE.

Virginia Department of Transportation (requires a minimum of 5 working days) 434-2586
3536 N. Valley Pike
Harrisonburg, VA 22802

VA Dept. of Transportation

Rockingham County Health Department Office Hours (M – F) 574-5200
110 North Mason Street 8:00-9:00 a.m.
Harrisonburg, VA 22802 4:00-4:30 p.m.

Rockingham County Health Dept.

Rockingham County Building Official Office Hours (M – F) 564-3040
Administration Center 8:00-9:00 a.m.
20 East Gay Street 4:00-4:30 p.m.
Harrisonburg, VA 22802

Rockingham County Building Official

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